



FEE WAIVER REQUEST FORM

Date _____

I hereby request a waiver of ____ (50%) ____ (100%) of the Environmental Health Fee in the amount of \$ _____ for environmental services received. I request this Waiver in view of the fact that our organization is:

____ Charitable non-profit

____ Governmental receiving more than 50% of operating funds from general tax revenues

FOR CHARITABLE NON-PROFIT PLEASE ATTACH THE FOLLOWING ITEM(S):

____ A copy of your INTERNAL REVENUE EXEMPTION DOCUMENT 501 (C) 2 OR 3

For those entities requesting 100% waiver of Environmental Health Fees, you must provide documentation that your organization's annual expenses are \$50,000 or less. In these cases, please also include:

____ A copy of a completed Internal Revenue Service Form 990, 990-EZ, or 990-PF

OR

____ A copy of your organization's financial statement for the most current full year.

(Please print)

Mail to:

Monroe County Health Dept.
111 Westfall Road – Room 1020
P.O. Box 92832
Rochester, NY 14692

Services rendered: _____

Location: _____

Fee required: _____ **Organization Name:** _____

Mailing Address: _____

Signature & Title: _____

Print Name: _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY:

☐ Recommend _____

☐ Deny _____

DATE: _____

This Department has found your request for Waiver to be in order and hereby issues a Waiver for 50% 100% of the payment of this and future Environmental fees under the condition that your organization is and remains:

____ Charitable non-profit

____ Governmental receiving more than 50% of operating funds from general tax revenues.

____ Operating with annual expenses of \$50,000 or less – proof provided.

Sincerely,

Andrew S. Doniger, M.D., M.P.H.
Director of Health